

## Internal Medicine Stage 2 training decision Aid – ICELAND 2024

Evidence/requirements	Notes	ST-4	ST-5
<b>Educational supervisor report</b>	To be completed yearly before ARCP, to cover the training year since last ARCP	Confirms trainee has met or exceeded expectations, no training concerns and meeting criteria for progression to final year of training	Confirms trainee has met or exceeded expectations for year in training. Has met criteria for completion of IMT stage 2
<b>General Capabilities in practice (CiPs)</b>	Mapped to Generic Professional Capabilities (GPC) framework and assessed using global ratings. Trainees should record self-rating to facilitate discussion with ES. ES report will record rating for each generic CiP	ES to confirm trainee that meets expectations for year in training	ES to confirm that trainee meets expectations for level of training and has met criteria for completion of training
<b>Clinical Capabilities in practice (CiPs)</b>	See grid for levels expected for each year of training. Trainees must complete self-rating to facilitate discussion with ES. ES report will confirm entrustment level for each individual CiP and overall reating of progression	ES to confirm trainee is performing at or above the level expected for all CiPs	ES to confirm that trainee has achieved the entrustment levels required for completion of training
<b>MRCP (UK) Diploma</b>	A full MRCP (UK) Diploma is required for progression to IM stage 2 training	Full MRCP (UK) diploma achieved	Full MRCP (UK) diploma achieved
<b>Advanced Life Support certification (ALS)</b>	A valid ALS certificate is required	Maintain validity	Maintain validity
<b>Quality Impromvent (QI) Work</b>	Ongoing Quality Improvement activity is required. It is necessary to demonstrate some sort of QI activity, QI leadership or participation in QIP.	Demonstration of continued QI activity (e.g. supervision junior colleagues with QIP)	Demonstration of continued QI activity (e.g. supervision junior colleagues with QIP)

<b>Evidence/requirements</b>	<b>Notes</b>	<b>ST-4</b>	<b>ST-5</b>
<b>Clinical Activity: Outpatients</b>	All trainees should engage in outpatient activity as outlined in the curriculum.	Minimum 10 clinics in ST-4	Minimum 20 clinics in ST4-5 and 100 outpatient clinics in total (IMY1 – ST5)
<b>Clinical Activity: Acute Unselected take</b>	All trainees need to be actively involved in the care of patients presenting to the hospital with acute medical problems, defined as having sufficient input for the trainees involvement to be documented in the EMR.	Minimum 300 AUT patients in ST-4	Minimum 750 AUT patients in ST4-5 and a total of 1250 AUT patients in total (IMY1-ST5)
<b>Multiple Consultant report (MCR)</b>	Minimum number per year. Each MCR should be completed by a consultant who has supervised the trainee and should focus on the trainees increased responsibility and „stepping up“.	4	4
<b>Multi-Source Feedback (MSF)</b>	One MSF must be completed each training year to cover the generic and clinical capabilities. A minimum of 12 responders are required with at least 3 being from consultants. The assessment must be done within a time frame of 3 months. Trainee must rate self. ES to create summary and review with trainee.	1	1
<b>Acute Care Assessment tool (ACAT)</b>	Minimum number per year. Each ACAT must include a minimum of 5 cases and should be used to demonstrate a global assessment of trainee performance presenting new admissions or patients new to the trainee on ward rounds.	4	4
<b>Supervised learning events: CbD /Mini-CEX/OPCAT</b>	In any year during training 4 SLEs (CbD/MiniCEX/OPCAT) to be completed by consultants with a minimum of 1 OPCAT.	4	4
<b>Procedures</b>	Necessary to demonstrate maintainance of competence in procedures required to complete IMT stage 1. This can be done by performing or teaching the procedure.	Maintain competence, a logbook to be uploaded	Maintain competence, a logbook to be uploaded
<b>Teaching</b>	Active participation and attendance at organized teaching is required, at least 70% attendance and 2 Teaching Observation for formal teaching delivered per year.	70% attendance and minimum 2 TO	70% attendance and minimum 2 TO
<b>Supervision of junior trainees</b>	It is required to participate in some way in the supervision and training of junior trainees. This can be evidenced by supervision of a junior trainee, participation in MDT simulation or teaching trainees or medical students.	Evidence of participation	Evidence of participation

## **Levels to be achieved at the end of each training year and at critical progression points for IM clinical CiPs**

### **Level descriptors**

Level 1: Entrusted to observe only

Level 2: Entrusted to act with direct supervision

Level 3: Entrusted to act with indirect supervision

Level 4: Entrusted to act unsupervised

Clinical CiP	Internal Medicine Stage 1				Critical progression point	Critical progression point	Internal Medicine stage 2		Critical progression point
	IMY - 1	IMY - 2		IMY - 3			ST - 4	ST - 5	
1. Managing an acute unselected take	2	3		3			3	4	
2. Managing an acute specialty- related take	2	2		2			3	4	
3. Providing continuity of care to medical inpatients	2	3		3			3	4	
4. Managing outpatients with long term conditions	2	2		3			3	4	
5. Managing medical problems in inpatients in other specialties and special cases	2	2		3			3	4	
6. Managing an MDT including discharge planning	2	2		3			3	4	
7. Delivering effective resuscitation and managing the deteriorating patient	2	3		4			4	4	
8. Managing end of life and applying palliative care skills	2	2		3			3	4	